

Hospice

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment/Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Documentation showing Taxpayer Identification Number (SS-4 or CP575 or W-9)
- ☐ Bureau of Health Care Quality and Compliance (BHCQC) license
- ☐ Medicare certification
- ☐ National Provider Identifier (NPI) validation: Printed page from the NPPES NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI
- ☐ Complete and submit to DHCFP the following form. This form does not need to be included with your enrollment/revalidation documents. The return email and mailing address to DHCFP are provided at the bottom of the form. The form is available by clicking on the link below and is also available on the Provider Enrollment webpage under "Required Enrollment Documents."
 - [Advance Directives Compliance Self-Evaluation & Certification \(NMH-3827\)](#)

You do not need to submit this checklist with your enrollment/revalidation documents.